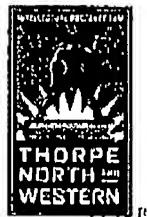


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FROM: GARY P. OAKESON

TRANSMITTED BY: BRENDA WISEMAN

OUR DOCKET NO.: 01845-22396

FOR: A METHOD FOR REVERSING ALZHEIMER DEMENTIA

SUBJECT: NOTICE OF APPEAL.

Commissioner For Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

Attached please find a Notice of Appeal for Docket No. 01845-22396, Application No. 10/750,376.

Thank you. We await your confirmation of receipt.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Gary P. Oakeson".

Gary P. Oakeson
THORPE NORTH & WESTERN, LLP
Customer No. 20,551
Reg. No. 44266

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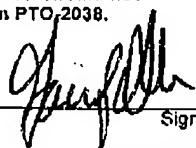
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 01845-22396
<p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.6(a)]</p> <p>on <u>02/05/2008</u></p>		<p>In re Application of Keith A. Rindlesbach</p>
<p>Signature <u>Brenda Wiseman</u></p>		<p>Application Number 10/750,376</p>
<p>Typed or printed name <u>Brenda Wiseman</u></p>		<p>Filed 12/31/2003</p>
<p>For A Method for Reversing Alzheimer Dementia</p>		<p>Art Unit 1616</p>
<p>Examiner Frank I. Choi</p>		
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p>		
<p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ _____</p>		
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u>5.00</u></p>		
<p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p>		
<p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached</p>		
<p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p>		
<p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-0100</u>. I have enclosed a duplicate copy of this sheet.</p>		
<p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>		
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<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p>		
<p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>44266</u></p>		
<p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.</p>		
<p style="text-align: right;"> Signature Gary P. Oakeson Typed or printed name</p>		
<p style="text-align: right;"><u>801-566-6633</u> Telephone number</p>		
<p style="text-align: right;"><u>02/05/2008</u> Date</p>		
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>		

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